



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

ROBERT L MARSH  
POST OFFICE BOX 4468  
WHEATON, IL 60189-4468



Mail Date: 12/16/03  
Serial Number: 10/084043

## NOTICE TO PAY BALANCE OF ISSUE FEE

Your issue fee payment filed on 11/24/03 has been received. However, new patent fees went into effect on October 01, 2003. The final rule entitled "Revision of Patent Fees for Fiscal Year 2004" was published in the *Federal Register*/Vol.68, No. 134/Monday, July 14, 2003, [41532-41535] and in the U.S. Patent and Trademark Office *Official Gazette*, August 05, 2003 [1273 OG]. As stated in the final rule, "Any fee amount that is paid on or after the effective date of the fee increase will be subject to the new fees then in effect." The Notice of Allowance and Issue Fee Due (Form PTOL-85) that was mailed to you prior too October 1, 2003, stated an issue fee amount that was in effect prior to October 1, 2003. However, in as much as your issue fee was paid on or after October 1, 2003, the new issue fee amount was due.

In accordance with 37 CFR 1.317, you are given a time period of **THREE (3) MONTHS** from the mailing date of this notice during which to pay the **BALANCE DUE** indicated below. This three-month time period may not be extended. If your patent issues before the expiration of the three-month period and if you do not pay the balance due before the expiration of the three-month period, your patent will lapse at the termination of the three-month period.

	Column A	Column B	
TYPE OF ISSUE	ISSUE FEE IN EFFECT	ISSUE FEE	BALANCE DUE
FEE PAID	AS OF JAN. 1, 2003	PAID	
	large entity / small entity		
UTILITY	\$1,330.00/ \$665.00	\$ 650.00	\$ 15.00
DESIGN	\$480.00 / \$240.00	\$	\$
PLANT	\$640.00 / \$320.00	\$	\$

01/16/2004 AWONDAF2 00000013 10084043

01 FC:1506 15.00 OP

Krystal Paige  
Office of Patent Publication  
Tel: 703-305-8263

**You MUST return a copy of this Notice with your payment.**

## CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Box ISSUE FEE, Commissioner for Patents, Alexandria, V.A. 22313-1450 on the date indicated below.





PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0951-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/084043
Filing Date	02/26/2002
First Named Inventor	Paul Graczyk
Group Art Unit	3739
Examiner Name	David M. Shay
Attorney Docket Number	M219

Total Number of Pages in This Submission **2**

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice to Pay Balance of Issue Fee
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert L. Marsh
Signature	
Date	01/08/2004

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <b>January 8, 2004</b>			
Typed or printed name	Robert L. Marsh		
Signature		Date	01/08/2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.